

# Self-Efficacy Follow-Up



*We would like to continue to know how confident you are in doing certain activities. Please indicate the best way to contact you for a follow up assessment. The Kansas Self-Management Education program coordinators will contact you in six months via your preferred method of contact. If you would not like to be contact, please do not complete this form.*

**Workshop Start Date** \_\_\_\_\_ **Month of Follow Up** \_\_\_\_\_

**Workshop Start Date** \_\_\_\_\_ **Workshop Location** \_\_\_\_\_

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